

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09-417532</div>	<small>FILING DATE</small>				
							<small>APPLICANT(S)</small>					
<small>AND/1A</small>							<b>CLAIMS</b>					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
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**BEST AVAILABLE COPY**